



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
COVER PAGE

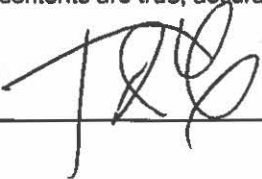
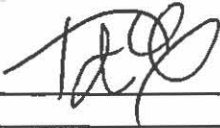
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MICHIGAN DEPT OF STATE

2015 NOV -9 AM 11:37

ELECTIONS/GREAT SEAL

Report must be legible, typed or printed in ink and
signed by the Treasurer/Designated Record Keeper
and Official.

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: _____</p> <p>1b. Legal Defense Fund Name: TODD COURSER LDF</p> <p>1c. Legal Defense Fund Address: 455 S MAIN STREET LAPEER, MI 48446</p> <p>1d. Legal Defense Fund Phone: <u>810-245-0813</u></p>	<p>2a. Official's Full Name: TODD A COURSER</p> <p>2b. Official's Office: STATE REPRESENTATIVE</p>
<p>3a. Treasurer's Full Name: TODD A COURSER</p> <p>3b. Treasurer's Residential Address: 3110 MURPHY LAKE RD SILVERWOOD, MI 48760</p>	<p>3c. Treasurer's Business Address: 455 S MAIN STREET LAPEER, MI 48446</p> <p>3d. Treasurer's Phone Number(s): _____</p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input checked="" type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution ____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: <u></u> <u>11, 5, 15</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u></u> <u>11, 5, 15</u></p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>8,695.00</u>	1b. \$ <u>8,695.00</u>
2. In-Kind Contributions	2a. \$ _____	2b. \$ _____
3. TOTAL CONTRIBUTIONS	3a. \$ <u>8,695.00</u>	3b. \$ <u>8,695.00</u>
4. Itemized Expenditures	4a. \$ <u>8,695.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ _____	
6. TOTAL EXPENDITURES	6a. \$ <u>8,695.00</u>	6b. \$ <u>8,695.00</u>
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>0.00</u>	
8. Amount received during reporting period (Item 1a.)	8. \$ <u>8,695.00</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>8,695.00</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>8,695.00</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>0.00</u> *	
* The ending balance must always be a positive number.		



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS
SCHEDULE 1
LEGAL DEFENSE FUND

1. Legal Defense Fund I.D. Number and Name:

TODD A COURSER LDF

Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: TODD COURSER 455 S MAIN STREET LAPEER, MI 48446 3. Date of Receipt: 10/26/2015 4. If over \$100.00 cumulative, please provide: Occupation: ATTNY Employer: TODD COURSER PLLC Place of Business: 455 S MAIN STREET		\$ 6,000.00	\$	\$ 6,000.00
2. Name and Address: TODD COURSER 455 S MAIN STREET LAPEER, MI 48446 3. Date of Receipt: 4. If over \$100.00 cumulative, please provide: Occupation: ATTNY Employer: TODD COURSER PLLC Place of Business: 455 S MAIN STREET		\$ 2,695.00	\$	\$ 8,695.00
2. Name and Address: 3. Date of Receipt: 4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:		\$	\$	\$
2. Name and Address: 3. Date of Receipt: 4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:		\$	\$	\$
2. Name and Address: 3. Date of Receipt: 4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:		\$	\$	\$
2. Name and Address: 3. Date of Receipt: 4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:		\$	\$	\$
2. Name and Address: 3. Date of Receipt: 4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:		\$	\$	\$
Page Subtotal:		\$	\$	\$
Grand Total: (Complete on last page of Schedule)		\$	\$	\$
Page 1 of 1		Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: TODD COURSER LDF	
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
DAN RANDAZZO 2731 S ADAMS RD STE 100 ROCHESTER HILLS, MI 48309	ATTNY		\$ <u>2,695.00</u>
DARETH WILSON 2731 S ADAMS RD STE 100 ROCHESTER HILLS, MI 48309	ATTNY	10/26/2015	\$ <u>6,000.00</u>
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
Page Subtotal			\$ _____
Grand Total (Complete on last page of Schedule)			\$ <u>8,695.00</u>
Page 1 of 1			Forward to #3 Summary Page



ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR LEGAL DEFENSE FUND

1. Legal Defense Fund ID #: 007

2. Type of Filing: ☒ Original Filing ☐ Amendment: Items: _____ Eff. Date: 11/05/15

3. Full Name of Legal Defense Fund: (Must include Official's first and last name and the words "Legal Defense Fund")

TODD COURSER LDF

4. Public Official Full Name (Last, First, M.I.):

COURSER, TODD, A

5a. Office (Check one):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Governor | <input type="checkbox"/> State Senator | <input type="checkbox"/> MSU Trustee | <input type="checkbox"/> Circuit Court |
| <input type="checkbox"/> Lt. Governor | <input checked="" type="checkbox"/> State Rep. | <input type="checkbox"/> WSU Gov. | <input type="checkbox"/> District Court |
| <input type="checkbox"/> Sec. of State | <input type="checkbox"/> State Bd. of Ed. | <input type="checkbox"/> Supreme Court | <input type="checkbox"/> Probate Court |
| <input type="checkbox"/> Attorney General | <input type="checkbox"/> UofM Reg. | <input type="checkbox"/> Appeals Court | <input type="checkbox"/> Municipal Court |

☐ Local or other jurisdiction
specify: _____

5b. District/Circuit # or Jurisdiction: 82

6. A description of the criminal, civil or administrative action at issue:

LEGAL DEFENSE

7. Date of Initial Contribution/Expenditure: 10 / 26 / 2015

8a. Complete Mailing Address (May be PO Box):

455 S MAIN STREET
LAPEER, MI 48446

8b. Complete Street Address (May not be PO Box):

455 S MAIN STREET
LAPEER, MI 48446

8c. Legal Defense Fund Phone #: 810-245-0813

8d. Legal Defense Fund Fax #: 810-245-0907

8e. Legal Defense Fund E-mail Address: frontdesk@hotmail.com

8f. Legal Defense Fund Web Address: _____

9a. Treasurer Name and Complete Street Address:

TODD COURSER
455 S MAIN STREET
LAPEER, MI 48446

9b. Treasurer Phone #: 810-245-0813

9c. Treasurer E-mail Address: _____

10. Designated Recordkeeper Name:

GEORGEANN COURSER

11. Name and Address of Depository or Intended Depository of Legal Defense Fund funds. (Michigan Bank, Credit Union or Savings & Loan Association)

CHASE BANK
1643 N LAPEER
LAPEER MI 48446

12. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Public Official Signature: _____ Date: 11/5/15

Current Treasurer Signature: _____ Date: 11/5/15